

## 2003 County Mental Health Services for Seriously Emotionally Disturbed (SED) Children Status Report

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### *Summary*

The primary purpose of this report is to provide an annual update on the number of Healthy Families Program (HFP) subscribers who were referred by their health plan to the county mental health departments for SED evaluation and treatment, and the county expenditures for SED treatment of HFP subscribers. Additionally, information on basic mental health services provided by HFP participating health plans is also included in the report for the first time.

Highlights from data collected on SED referrals and expenditures as well as basic mental health services provided during the 2002/03 benefit year (July 1, 2002 – June 30, 2003) include:

- There was a slight increase in the percentage of children (as a percentage of total HFP enrollment) referred by the plans from the 2001/02 benefit year (0.17 percent referred) to the 2002/03 benefit year (0.24 percent referred). In the 2002/03 benefit year, a total of 1,616 HFP subscribers who were suspected to be SED were referred to county mental health departments by participating plans versus 946 subscribers in the 2001/02 benefit year.
- There was a slight increase in the percentage of active HFP SED cases (as a percentage of total HFP enrollment) receiving SED services through the county mental health programs from the 2001/02 benefit year (0.6 percent referred) to the 2002/03 benefit year (0.7 percent referred). In the 2002/03 benefit year, a total of 4,772 active HFP SED cases were identified by the county mental health departments versus 3,530 active cases in the 2001/02 benefit year.
- HFP subscribers in the age group of 14-18 accounted for the largest percentage (48 percent) of subscribers receiving SED referrals by the plans.
- The expenditure for SED services as reported by county mental health departments totaled \$15.5 million which represented a 38 percent increase over prior year expenditures (\$11.3 million).
- The majority (72.5 percent) of the county claims paid for HFP SED children were for “mental health services” which include assessment, evaluation, therapy and rehabilitation.

- HFP subscribers receiving basic mental health services directly from the health plans accounted for 1.9 percent of total HFP enrollments. HFP subscribers in the age group of 9-13 accounted for the largest percentage of subscribers receiving basic mental health services.

## ***Background***

The HFP uses two delivery systems to provide comprehensive mental health services to children up to their 19<sup>th</sup> birthday. The delivery systems include the health plans participating in the program and the county mental health departments. The health plans participating in the HFP provide basic mental health services and medically necessary treatment of severe mental illnesses. Children who do not have a severe mental illness receive up to 30 inpatient and 20 outpatient visits per benefit year. The health plans must provide inpatient and outpatient visits without limitation for HFP children who have a severe mental illness, such as autism, anorexia nervosa, bipolar disorder, major depression disorder, obsessive-compulsive disorder and schizophrenia.

Children suspected of being seriously emotionally disturbed (SED) are referred to the county mental health department for an SED assessment. According to the California Welfare and Institutions Code Section 5600.3(a)(2), "seriously emotionally disturbed (SED) children" are minors who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. If the county mental health department determines that a child meets the SED criteria, the department covers all outpatient services and inpatient services beyond the first 30 days for treatment of the SED condition. The county mental health program coordinates the delivery of mental health services with HFP participating health plans for children who meet the SED criteria.

To facilitate the effective coordination of care for HFP subscribers who are suspected of having a SED condition, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of Understanding (MOU) for use by HFP participating health plans and county mental health departments. The MOU defines the responsibilities of each party for the coordination of services for HFP enrollees. MOUs are required for each of the counties in which the plan participates in the HFP. Over 90 percent of counties have signed MOUs with health plans in their area. Most of the unsigned MOUs are for counties that became new service areas for existing plans or for a health plan that converted its HMO product to an EPO

product. In general, county mental health departments are continuing to accept and treat HFP subscribers even without a signed MOU.

### ***Overview of SED Treatment Services in the HFP***

#### **Who qualifies for SED treatment services through the county mental health programs?**

Children (including HFP enrollees) qualify for SED services if:

1. They have a mental disorder as identified in the most recent edition of The Diagnostic and Statistical Manual of Mental Disorders;
2. They do not have a primary drug or alcohol substance abuse problem or developmental disorder which results in behavior that is not normal for their age;
3. They have a problem in more than one of the following areas:
  - Self-care
  - School functioning
  - Family relationship
  - Ability to function in the community;
4. Either of the following exists as a result of the mental disorder:
  - The child is at risk of removal from the home or has already been removed from the home, or
  - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or
5. The child displays one of the following:
  - Sees or hears things that aren't there
  - Has very unusual behavior
  - Threatens or tries to hurt himself or others

#### **What services are available?**

County mental health programs provide the following services:

- **Outpatient Services**
  - › Day Treatment Services - Services provided in an organized and

structured multi-disciplinary treatment program as an alternative to hospitalization to avoid placement in a more restrictive setting, or to maintain the client in a community setting.

- › Mental Health Services – Interventions designed to provide the maximum reduction of mental disability and restoration, and enhanced self-sufficiency. This includes the following activities: assessment, evaluation, therapy, rehabilitation.
- › Day Rehabilitation Services –Evaluation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development.
- › Crisis Intervention/Stabilization - Crisis intervention is a service lasting less than 24 hours, which may either be face-to-face or by telephone with the beneficiary or significant support persons for intervention and stabilization.
- › Medication Support Services - Prescribing, administration, dispensing, and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness. The support does not include the actual cost of medication.
- › Linkage/Case Management/Brokerage – Activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.
- **Inpatient Services** - Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general hospital approved by the Department of Health Services (DHS) to provide psychiatric services.
- **Partial Hospitalization** - Crisis residential treatment services and psychiatric health facility services
- **Prescription Drugs**

### ***SED Referrals to the County Mental Health Departments***

The total number of SED referrals made by participating health plans increased by 71 percent (from 946 to 1,616) from the 2001/02 benefit year to the 2002/03 benefit year. The referrals as a percentage of total plan enrollment shows a slight increase (from 0.17 to 0.24 percent) compared to referrals made in the 2001/02 benefit year. The enrollment in the HFP

increased by 19.9 percent from the 2002/03 benefit year. Table 1a on page 6 presents data on the number of SED referrals that were reported by participating plans during the 2001/02 and 2002/03 benefit years. In addition to referrals made by the health plans, referrals of HFP children to the county mental health department may come from other sources such as families, schools or the juvenile justice system. Therefore, data provided in Table 1a may understate the total number of HFP subscribers who were referred to a county mental health program for SED services.

The data in Table 1a shows that there were **eleven plans** with an **increase** in referrals as a percentage of enrollment ranging from a 0.1 to a 0.6 percentage point increase. These plans include: Alameda Alliance for Health, Blue Cross, Blue Shield, Care 1<sup>st</sup> Health Plan, Community Health Group, Health Net, Inland Empire Health Plan, San Francisco Health Plan, Santa Clara Family Health Plan, Sharp Health Plan and Universal Care. Conversely, there were **eight plans** with a **decrease** in referrals as a percentage of enrollment ranging from a 0.1 to a 0.5 percentage point reduction. These plans include: Central Coast Alliance for Health, Health Plan of San Joaquin, Health Plan of San Mateo, Kern Family Health Care, L.A. Care Health Plan, Santa Barbara Regional Health Authority, UHP Healthcare and Ventura Health Plan.

For those plans that showed “zero” referrals, MRMIB staff continues to emphasize to the plans the importance of increasing access to mental health screenings and assessments for children suspected to be SED so that appropriate treatment can follow in a timely manner. The plans continued to assure MRMIB staff that they have provided an ongoing effort to educate their providers on identifying children who are suspected to be SED and making referrals. Kaiser Permanente reported that they have not been able to operationalize the referral of HFP subscribers to county mental health departments. Although Kaiser is unable to differentiate between the number of basic mental health services and SED services provided to HFP subscribers, they reported that a total of 2,300 subscribers were seen by a mental health clinician during the 2002/03 benefit years. This represented 0.04 percent of their total HFP enrollment.

The continuing low referral rate has been of concern to the Board and to the HFP Advisory Panel. During the 2002/03 benefit year, the participating health plans have made efforts to address the low referral rate by educating their providers and evaluating the effectiveness of their referral system.

Table 1a **HFP SED Referrals**

<b>HFP Participating Plan</b>	<b>Total # of HFP Enrollees as of 6/30/02</b>	<b>Total # of SED Referrals as of 6/30/02</b>	<b>Referrals as % of Total Plan Enrollments as of 6/30/02</b>	<b>Total # of HFP Enrollees as of 6/30/03</b>	<b>Total # of SED Referrals as of 6/30/03</b>	<b>Referrals as % of Total Plan Enrollments as of 6/30/03</b>
Alameda Alliance for Health	7,330	0	0.00%	9,301	8	0.09%
Blue Cross (HMO and EPO)	221,105	409	0.18%	258,973	809	0.31%
Blue Shield (HMO and EPO)	36,856	126	0.34%	38,115	143	0.38%
CalOPTIMA Kids	23,359	1	<0.01%	32,814	0	0.00%
Care 1st Health Plan	4,321	0	0.00%	6,217	9	0.14%
Central Coast Alliance for Health	1,510	14	0.93%	1,674	8	0.48%
Community Health Group	16,571	14	0.08%	19,520	39	0.20%
Community Health Plan	24,503	33	0.13%	27,732	37	0.13%
Contra Costa Health Services	2,288	24	1.05%	2,876	30	1.04%
Health Net	78,927	82	0.10%	95,385	154	0.16%
Health Plan of San Joaquin	7,884	56	0.71%	8,111	20	0.25%
Health Plan of San Mateo	1,415	8	0.57%	2,129	9	0.42%
Inland Empire Health Plan	24,524	22	0.09%	29,116	47	0.16%
Kaiser Permanente	38,629	0	0.00%	57,684	0	0.00%
Kern Family Health Care	5,793	15	0.26%	7,290	7	0.10%
L.A. Care Health Plan	7,658	30	0.39%	7,833 <sup>1</sup>	16	0.20%
Molina Healthcare	11,418	7	0.06%	13,907	17	0.12%
San Francisco Health Plan	5,478	51	0.93%	5,779	67	1.16%
Santa Barbara Regional Health Authority	1,643	23	1.40%	1,819	16	0.88%
Santa Clara Family Health Plan	10,435	4	0.04%	12,210	19	0.16%
Sharp Health Plan	17,481	11	0.06%	19,996	136	0.68%
UHP Healthcare	2,038	4	0.20%	2,239	0	0.00%
Universal Care	8,101	10	0.12%	10,692	25	0.23%
Ventura County Health Care Plan	3,347	2	0.06%	3,379	0	0.00%
<b>TOTAL</b>	<b>562,614</b>	<b>946</b>	<b>0.17%</b>	<b>674,791</b>	<b>1,616</b>	<b>0.24%</b>

Data Source: Mental Health Referral Reports submitted to MRMIB by participating HFP plans and HFP monthly enrollment reports

<sup>1</sup> Only a partial number of enrollees are reflected in the grand total because the presented enrollment data is as of 4/5/03 which is prior to the HFP open enrollment period. LA Care Health Plan discontinued its participation in the HFP on July 1, 2003.

### ***Basic Mental Health Services provided by Health Plans***

In examining the utilization rate of basic mental health services provided to the HFP subscribers, the plans that reported “zero” SED referrals, such as CalOPTIMA and Ventura Health Plan, reported a large number of subscribers receiving basic mental health services. CalOPTIMA and Ventura County Health Care Plan reported that they had 332 and 129 HFP subscribers respectively who received basic mental health services which represented 1.4 percent and 3.8 percent of the plan’s total HFP enrollment in the 2002/03 benefit year. UHP Healthcare continued to show no HFP subscribers receiving basic mental health services. The plan indicated that they did not have any HFP subscribers requiring mental health services. As previously noted, Kaiser Permanente reported that a total of 2,300 HFP subscribers received basic mental health and SED services through the plan.

Table 1b **Basic Mental Health Services**

<b>HFP Participating Plan</b>	<b>Total # of HFP Subscribers Receiving Basic M H Services 7/1/02 to 6/30/03</b>	<b>Subscribers receiving Basic M H Services as % of Total Plan Enrollments 7/1/02 to 6/30/03</b>
Alameda Alliance for Health	85	0.91%
Blue Cross (HMO and EPO)	5,954	2.30%
Blue Shield (HMO and EPO)	847	2.22%
CalOPTIMA Kids	332	1.01%
Care 1st Health Plan	8	0.13%
Central Coast Alliance for Health	10	0.60%
Community Health Group	521	2.67%
Community Health Plan	124	0.45%
Contra Costa Health Services	22	0.76%
Health Net	2,986	3.13%
Health Plan of San Joaquin	68	0.84%
Health Plan of San Mateo	16	0.75%
Inland Empire Health Plan	425	1.46%
Kaiser Permanente	0	0.00%
Kern Family Health Care	15	0.21%
L.A. Care Health Plan	4	0.05%
Molina Healthcare	25	0.18%
San Francisco Health Plan	0	0.00%
Santa Barbara Regional Health Authority	7	0.38%
Santa Clara Family Health Plan	99	0.81%
Sharp Health Plan	957	4.79%
UHP Healthcare	0	0.00%
Universal Care	271	2.53%
Ventura County Health Care Plan	129	3.82%
<b>TOTAL</b>	<b>12,905</b>	<b>1.91%</b>

Data Source: Mental Health Referral Reports submitted to MRMIB by participating HFP plans and HFP monthly enrollment reports

### ***Active SED Cases by County***

Table 2 on page 9 shows the number of HFP SED active cases reported by counties. Compared to the 2001/02 benefit year, the number of reported HFP SED active cases (as a percentage of total HFP enrollment) increased by 0.1 percentage points in the 2002/03 benefit year. As of June 30, 2003, there were 4,772 active SED cases representing 0.7 percent of HFP enrollees. In the 2001/02 benefit year, there were 3,530 active SED cases, representing 0.6 percent of the HFP population.

Table 2 shows that the number of active cases reported by the counties is much greater than the number of SED referrals reported by HFP participating health plans in Table 1a (4,772 SED active cases versus 1,616 SED referrals). The larger number of active SED cases can be attributed to the fact that in addition to referrals made by the health plans, referrals to counties can also come from other sources, such as families and schools. Active cases can also include referrals that have been carried over from the prior benefit year.

The five counties that served the largest number of HFP SED children remains unchanged from the 2001/02 benefit year and include: Los Angeles (1,529), Kern (388), Riverside (333), San Bernardino (257) and San Francisco (253). These counties provided services to 58 percent of HFP subscribers with an active SED case during the 2002/03 benefit year.

There were four counties (Mono, Orange, Santa Clara and Yolo) that reported active SED cases (ranging from 1 to 17) in benefit year 2002/2003 but had reported “zero” active SED cases in prior years. The data shows that there were 25 counties with a 1.1 percentage point increase in the number of active cases as a percentage of total county enrollees.

The number of HFP children shown in Table 2 for Los Angeles County included children who were seen in the Tri-City area. The Tri-City contains 3 cities that bill the State for mental health services as an entity independent of Los Angeles County. This area includes 3 clinics that provide county mental health services to residents in Pomona, La Verne, and Claremont.



Table 2 HFP/SED Active Cases by Counties

County	# of Enrollees as of 6/30/03	% of Enrollees as of 6/30/03	# of HFP SED Children	SED Children as % of County Enrollees
Alameda	15,339	2.20%	28	0.18%
Alpine	5	>0.01%	0	0.00%
Amador	336	0.05%	0	0.00%
Butte	3,048	0.50%	90	3.00%
Calaveras	518	0.08%	0	0.00%
Colusa	1,267	0.20%	20	1.60%
Contra Costa	7,870	1.20%	105	1.33%
Del Norte	457	0.07%	8	1.75%
El Dorado	2,249	0.30%	32	1.42%
Fresno	18,605	2.80%	102	0.55%
Glenn	1,020	0.20%	0	0.00%
Humboldt	2,265	0.30%	39	1.72%
Imperial	3,675	0.60%	119	3.23%
Inyo	257	0.03%	0	0.00%
Kern	16,225	2.40%	388	2.39%
Kings	2,824	0.40%	93	3.29%
Lake	1,476	0.20%	7	0.47%
Lassen	290	0.04%	0	0.00%
Los Angeles	194,622	29.20%	1,529	0.79%
Madera	2,991	0.45%	52	1.74%
Marin	1,941	0.30%	35	1.80%
Mariposa	242	0.03%	14	5.79%
Mendocino	1,930	0.30%	9	0.47%
Merced	5,820	0.87%	30	0.52%
Modoc	136	0.02%	0	0.00%
Mono	354	0.05%	1	0.28%
Monterey	12,357	1.90%	65	0.53%
Napa	1,577	0.24%	0	0.00%
Nevada	1,971	0.30%	37	1.88%
Orange	66,290	9.90%	2	>0.01%
Placer	2,660	0.40%	0	0.00%
Plumas	277	0.04%	0	0.00%
Riverside	46,626	7.00%	333	0.71%
Sacramento	16,032	2.40%	79	0.49%
San Benito	1,290	0.20%	0	0.00%
San Bernardino	47,992	7.20%	257	0.54%
San Diego	57,111	8.60%	151	0.26%
San Francisco	10,660	1.60%	253	2.37%
San Joaquin	13,880	2.10%	69	0.50%
San Luis Obispo	3,833	0.60%	44	1.15%
San Mateo	6,495	1.00%	52	0.80%
Santa Barbara	7,797	1.20%	86	1.10%
Santa Clara	20,907	3.10%	17	0.08%
Santa Cruz	4,355	0.70%	39	0.90%
Shasta	3,959	0.60%	80	2.02%
Sierra	36	0.01%	0	0.00%
Siskiyou	601	0.10%	3	0.50%
Solano	3,635	0.60%	28	0.77%
Sonoma	6,996	1.00%	52	0.74%
Stanislaus	9,161	1.40%	156	1.70%
Sutter/Yuba	3,980	0.60%	27	0.68%
Tehama	1,189	0.20%	12	1.01%
Trinity	292	0.04%	2	0.68%
Tulare	10,260	1.50%	191	1.86%
Tuolumne	863	0.10%	35	4.06%
Ventura	15,665	2.30%	0	0.00%
Yolo	2,475	0.40%	1	0.04%
<b>Total</b>	<b>666,984</b>	<b>100%</b>	<b>4,772</b>	<b>0.72%</b>

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients by Services Date for Fiscal Years 2002-2003 as of 2/20/2004

### ***Age Distribution of Active SED Cases Reported by Counties***

Table 3a shows the distribution of active HFP SED cases by age group for the 2002/03 benefit years. In both the 2002/03 and the 2001/02 benefits years, the majority (86 percent) of HFP children receiving SED services through the county mental health departments were 8 years of age and older. Fifteen-year-old subscribers had the largest number of active SED cases in the 2002/03 (489) and 2001/02 (387) benefits years, which represented 9.8 percent and 11 percent respectively of the total active cases. Fifteen-year-old subscribers with an active SED case represented 1.5 percent of fifteen - year-old subscribers enrolled in the program during the 2001/02 and 2002/03 benefit years.

**Table 3a Age Distribution of Active SED Cases by County**

	<b>Benefit Year 2002/03 Active Cases</b>	<b>HFP enrollees as of 06/30/03</b>	<b>Active SED Cases as % of HFP Enrollees</b>
<b>Age</b>	<b>Total</b>		
0	0	7,116	0.0%
1	3	21,542	>0.1%
2	16	31,966	0.1%
3	35	34,856	0.1%
4	88	37,117	0.2%
5	115	37,876	0.3%
6	189	42,335	0.5%
7	245	45,768	0.5%
8	305	46,233	0.7%
9	369	46,742	0.8%
10	391	45,177	0.9%
11	388	44,904	0.9%
12	417	42,673	1.0%
13	431	39,399	1.1%
14	476	34,755	1.4%
15	489	31,813	1.5%
16	461	28,816	1.6%
17	375	25,725	1.5%
18	167	22,154	0.8%
Unknown	25	17	
<b>Total</b>	<b>4,985</b>	<b>666,984</b>	<b>0.7%</b>

Data Source: Department of Mental Health Approved Claims Data based on Fiscal Years 2001/02 and 2002/03 as of February 20, 2004, and MRMIB HFP Enrollment Data as of June 30, 2002

### ***Age Distribution of SED Referrals and Basic Mental Health Services Reported by Plans***

Table 3b provides data on age specific information reported by the participating health plans on HFP subscribers who were referred to local mental health departments for a suspected SED condition and subscribers receiving basic mental health services provided by plans. In the beginning of the 2002/03 benefit year, MRMIB requested that plans track and report age specific information for SED referrals and basic mental health services.

The data reported by plans shows that HFP children ages 9-13 accounted for the largest number of **basic** mental health services (41 percent), whereas children ages 14-18 accounted for the largest number of SED referrals (48 percent) in the 2002/03 benefit year. The data reported by the plans on the ages of HFP children referred for SED services is very similar to the data reported by the counties on the age distribution of active SED cases. HFP children ages 9-18 represented 82 percent of the total SED referrals reported by plans in comparison to 80 percent of the active SED cases reported by the counties in the 2002/03 benefit year.

Table 3b **Age range of HFP children referred to county mental health departments for suspected SED condition and received basic mental health through participating health plans**

<b>Age by years</b>	<b>SED Referrals by #</b>	<b>SED Referrals by %</b>	<b>Basic Mental Health by #</b>	<b>Basic Mental Health by %</b>
<b>Under 3</b>	4	0.3%	108	0.8%
<b>3 - 8</b>	283	17.5%	3,142	24.4%
<b>9 - 13</b>	550	34.0%	5,291	<b>41.0%</b>
<b>14 - 18</b>	779	<b>48.2%</b>	4,364	33.8%
<b>Total</b>	1,616	100%	12,905	100%

Data Source: Mental Health Referral Reports submitted to MRMIB by participating HFP plans on a quarterly basis

### ***Expenditures for SED Services by Fiscal Year***

Chart 1 shows the HFP SED claims for the past five fiscal years (FY 1998 - 2003). Expenditures for HFP SED services have increased significantly (by over \$14 million) during this period.

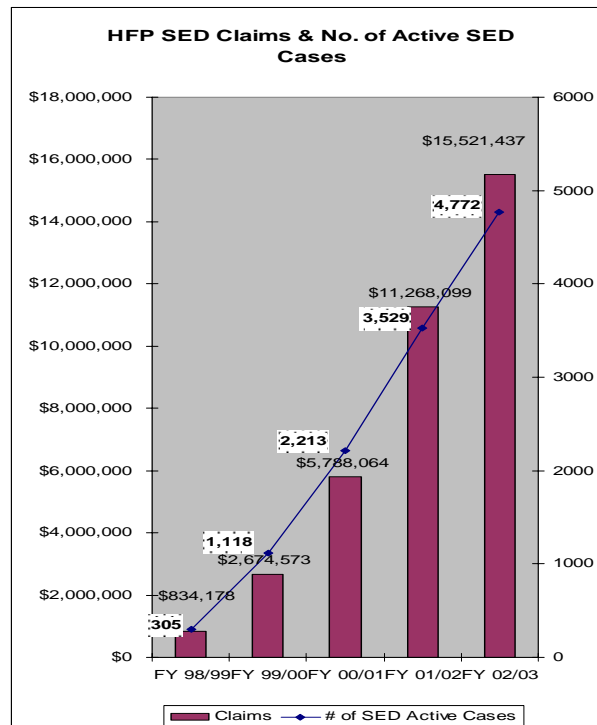
The data shows that in FY 2002/03, costs increased at a slightly higher percentage than the active SED caseload. The expenditures for FY 2002/03

increased by 38 percent (from \$11.3 million to \$15.5 million) in comparison to the expenditures for FY 2001/02. The number of active SED cases for FY 2002/03 increased by 35 percent (from 3,529 to 4,772) compared to the active cases for FY 2001/02.

Although the average cost per SED case has increased by 19 percent (from \$2,735 to \$3,253) since the inception of the HFP, the increase in the average cost per case for FY 2002/03 represented the smallest percentage increase in the past five years. The average cost per case increased from \$3,193 in FY 2001/02 to \$3,253 in FY 2002/03, which represents a minimal 1.9 percent increase. This was a substantial decrease in the average cost per case in comparison to FY 2001/02 when the average cost per case increased by 22 percent.

The annual increases in expenditures for SED services can be directly attributed to the continuing increases in active SED cases. In addition, the counties have been working on resolving claiming problems, and some counties have established new electronic systems to process claims via the Short Doyle/Medi-Cal claiming system. This has facilitated the counties in billing more successfully for SED services provided to HFP subscribers.

**Chart 1**



Note: Claims are based on date of service, not on date invoices are paid

## ***Expenditures by County***

Table 4 shows the Short Doyle/Medi-Cal claims paid to the county mental health departments for children already enrolled in the HFP and children during the transition period from Medi-Cal to HFP eligibility. The total claims paid to the county mental health departments for HFP SED services provided in fiscal year (FY) 2002/03 is 38 percent more than the total dollars paid in FY 2001/02. The significant increase in the total dollars paid from FY 2001/02 to 2002/03 may be attributed to the following factors:

- There is a lag between the time services are provided and claims are submitted by counties, as the counties are allowed to claim up to one year after the date services are provided. Counties are starting to expedite their claiming process in order to be reimbursed earlier.
- The data reported for FY 2002/03 is based on data as of February 20, 2004 while data reported in prior reports was based on data as of December 31, 2002. The additional two months included in this report allows the State to capture more data, thus resulting in more complete information.
- Within the last 12 months, some county mental health departments have set up new systems to improve the billing process.

In FY 2002/2003 the five counties with the highest SED expenditures as a percentage of total dollars remain unchanged from FY 2001/2002 and include: Los Angeles (33%), Kern (8.6%), San Francisco (7.2%), Riverside (4.4%), and Tulare (4%). The FY 2002/03 expenditures for Los Angeles County increased by 88 percent in comparison to the FY 2001/02 county expenditures. The expenditures for the five highest counties accounted for 59 percent of the total SED claims paid in FY 2002/03. Additionally, in comparison to FY 2001/02, there are four counties (Santa Clara, Colusa, Mendocino, and Monterey) that showed a significant increase in claims dollars ranging from approximately \$36,000 to more than \$176,000.

In order to facilitate the billing process, the California Department of Mental Health (CDMH) and MRMIB are working closely to resolve issues that may impact the counties ability to submit claims. To support the counties' mental health efforts, MRMIB staff developed a process to identify county designees representing each county mental health department to receive updated eligibility information on HFP subscribers when verification is not possible through the Medi-Cal Eligibility Data System. Also, in November, 2003, California Mental Health Directors and MRMIB staff convened a meeting to discuss mental health issues and concerns impacting the services provided to HFP SED children.

Table 4 SED Claims Paid To Counties

County	7/1/01-6/30/02	7/1/02-6/30/03	Total Claims Paid 7/1/01-6/30/03
Alameda	\$141,777	\$171,486	\$313,263
Amador	\$0	\$0	\$0
Alpine	\$0	\$0	\$0
Butte	\$346,890	\$393,742	\$740,632
Calaveras	\$0	\$173	\$173
Colusa	\$11	\$36,181	\$36,192
Contra Costa	\$368,353	\$480,140	\$848,493
Del Norte	\$15,942	\$7,473	\$23,415
El Dorado	\$97,428	\$74,820	\$172,248
Fresno	\$112,315	\$193,479	\$305,794
Glenn	\$0	\$1,608	\$1,608
Humboldt	\$50,948	\$106,388	\$157,336
Imperial	\$192,205	\$299,879	\$492,084
Inyo	\$5,430	\$3,119	\$8,549
Kern	\$1,270,695	\$1,037,972	\$2,308,667
Kings	\$130,433	\$138,535	\$268,968
Lake	\$36,847	\$24,332	\$61,179
Lassen	\$0	\$0	\$0
Los Angeles	\$3,102,995	\$5,839,608	\$8,942,603
Madera	\$188,160	\$113,236	\$301,396
Marin	\$176,218	\$153,735	\$329,953
Mariposa	\$8,800	\$15,548	\$24,348
Mendocino	\$11,028	\$62,696	\$73,724
Merced	\$69,202	\$23,047	\$92,249
Modoc	\$281	\$0	\$281
Mono	\$2,260	\$418	\$2,678
Monterey	\$68,779	\$245,179	\$313,958
Napa	\$0	\$0	\$0
Nevada	\$62,754	\$63,782	\$126,536
Orange	\$9,502	\$8,745	\$18,247
Placer	\$0	\$866	\$866
Plumas	\$0	\$0	\$0
Riverside	\$503,919	\$667,165	\$1,171,084
Sacramento	\$339,763	\$504,789	\$844,552
San Benito	\$0	\$2,802	\$2,802
San Bernardino	\$398,893	\$479,116	\$878,009
San Diego	\$236,281	\$193,027	\$429,308
San Francisco	\$922,388	\$1,006,760	\$1,929,148
San Joaquin	\$85,162	\$79,974	\$165,136
San Luis Obispo	\$69,384	\$106,757	\$176,141
San Mateo	\$148,840	\$161,606	\$310,446
Santa Barbara	\$353,959	\$612,596	\$966,555
Santa Clara	\$2,360	\$38,754	\$41,114
Santa Cruz	\$212,033	\$355,816	\$567,849
Shasta	\$179,621	\$185,297	\$364,918
Sierra	\$0	\$0	\$0
Siskiyou	\$23,507	\$44,912	\$68,419
Solano	\$189,305	\$105,650	\$294,955
Sonoma	\$341,669	\$326,839	\$668,508
Stanislaus	\$236,248	\$321,437	\$557,685
Sutter/Yuba	\$52,240	\$92,419	\$144,659
Tehama	\$29,236	\$11,513	\$40,749
Trinity	\$1,086	\$1,639	\$2,725
Tulare	\$434,330	\$649,535	\$1,083,865
Tuolumne	\$35,863	\$74,611	\$110,474
Ventura	\$2,759	\$1,381	\$4,140
Yolo	\$0	\$855	\$855
<b>Total</b>	<b>\$11,268,099</b>	<b>15,521,437</b>	<b>\$26,789,536</b>

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients by Services Date, by Fiscal Year, and Across Fiscal Years 2001-2002 and 2002-2003.

## *Claims Paid by Type of Service*

Tables 5 and 6 show the breakdown of HFP/SED expenditures paid by type of service for fiscal years 2001/02 and 2002/03.

Mental health services account for the majority of claims paid for HFP SED children for fiscal years 2001/02 (72 percent) and 2002/03 (72.5 percent). The data shows that there was a significant decrease (50 percentage points) in inpatient services claims in comparison to fiscal year 2001/02.

According to CDMH, the decrease may be due to the fact that there were fewer inpatient referrals and the majority of the SED referrals and services provided were outpatient services based on the submitted claims data. In addition, CDMH indicated that some county hospitals did not have a system set up to bill Short Doyle/Medi-Cal. Therefore, the expenditures accounted for inpatient services may be understated. However, according to CDMH, starting April 2004 those county hospitals were provided with a special provider number to claim HFP SED inpatient services.

Table 5 SED Claims Paid by Type of Services for FY 2001/02 and FY 2002/03

Type of Service	FY 2001	- 2002	FY 2002	- 2003
	Total Dollars Paid	Claims as % of Total Dollars	Total Dollars Paid	Claims as % of Total Dollars
<b>Inpatient</b>	\$155,009	1.38%	\$99,047	0.65%
<b>Day Treatment</b>	\$841,750	7.47%	\$1,051,067	6.87%
<b>Linkage/Brokerage</b>	\$857,889	7.61%	\$1,199,609	7.84%
<b>Mental Health Services</b>	\$8,108,921	<b>72.0%</b>	\$11,089,335	<b>72.51%</b>
<b>Medication Support</b>	\$990,997	8.79%	\$1,460,086	9.55%
<b>Crisis</b>	\$311,286	2.76%	\$392,478	2.57%
<b>Residential</b>	\$2,243	0.02%	\$1,807	0.01%
<b>Total</b>	<b>\$11,268,095</b>	<b>100%</b>	<b>\$15,293,429</b>	<b>100%</b>

Note: Total dollars paid in Table 5 does not match total paid on table 4 due to rounding

Data Source: Department of Mental Health Short Doyle/Medi-Cal Claims for Unduplicated Clients

## ***Conclusion***

While the number of active SED cases has increased each year, MRMIB is still concerned about the low rate of referrals and the utilization of mental health services. The data showed that 1.9 percent of HFP children received basic mental health services from the health plans and 0.7 percent received SED services through county mental health departments. The plans which reported “zero” SED referrals, showed a significant number of HFP subscribers receiving basic mental health services.

In order to ensure the accuracy of the reported SED active cases and number of HFP children receiving basic mental health services, MRMIB staff continues to engage in activities to facilitate the referral and coordination of SED services with plans, CDMH and local mental health departments. During the past year, MRMIB staff met with the local mental health directors and liaisons to discuss issues on coordination and referral of SED services, and to identify systemic problems that may be attributed to processes between the counties and the plans. In July 2004, MRMIB staff is convening a follow-up meeting with the local mental health directors, county SED liaisons and plans participating in the HFP to discuss solutions for resolving issues related to referrals and coordination of SED services. In addition, MRMIB continues to pursue funding for an independent study to determine the level of effectiveness in the coordination of mental health services between plans and county.

### ***Acknowledgements***

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